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FOR ACTION

RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES FOR PROGRAMMES IN THE SOUTH CENTRAL ASIA REGION WITH ANNUAL PLANNING LEVELS NOT EXCEEDING $750,000

SUMMARY

The present document contains recommendations for funding from general resources for programmes with annual planning levels not exceeding $750,000. The Executive Director recommends that the Executive Board approve the following amount from general resources, subject to the availability of funds, for the country programme listed below:

Country/programme	Amount (United States dollars)	Duration
Mongolia	2 500 000	1991-1995

A summary of the recommendation follows.

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MONGOLIA

U5MR: 84
IMR: 65
GNP per capita: $467

Child population (0-15 years): 330,000
Literacy (male/female): 95/90 per cent
Access to health services (total): 95 per cent

One-year-olds fully immunized against:

tuberculosis:	94 per cent
diphtheria/pertussis/tetanus:	89 per cent
measles:	88 per cent
polio:	90 per cent

The situation of children and women

1. Political changes and a new openness of the last few years have led to the reassessment of indicators of social and economic progress. It is now believed that recent figures are more reliable. The infant mortality rate (IMR), which was estimated at 50 per 1,000 live births in 1983, has now been revised upwards to 64.9 per 1,000 live births in 1988. The new estimate for the under-five mortality rate (U5MR) is 84 per 1,000 live births. The per capita gross national product (GNP) was estimated at $780 in 1983. However, using a more realistic exchange rate, GNP was $467 in 1990.

2. Immunization coverage in 1990 was as follows: 94 per cent with anti-tuberculosis vaccine; 90 per cent with three doses of oral polio vaccine; 89 per cent with three doses of combined diphtheria/pertussis/tetanus vaccine; and 88 per cent with measles vaccine. Tetanus toxoid is not administered in the absence of any cases of neonatal tetanus during the past decade.

3. Mortality and morbidity rates among children are high with respect to acute respiratory infections (ARI) and diarrhoea. Together, the diseases account for approximately 75 per cent of child mortality and over 60 per cent of morbidity. Respiratory diseases are the major killers of infants, accounting for over 50 per cent of deaths (81 per cent of these deaths are due to pneumonia).

4. Malnutrition is a problem among children owing to a shortage of proper nutrients in their diets. Moreover, because of the high level of the participation of women in the work force (86 per cent), many children are being left unattended by a responsible adult during the day and are not receiving enough food. There are indications that malnutrition is also a problem among women in Mongolia. The lack of variety in the diets of both mothers and children and shortages of fresh fruits and vegetables have reportedly given rise to deficiencies of iron and iodine, and possibly vitamin A. The maternal mortality rate (MMR), estimated at 144 per 100,000 live births, is relatively high despite universal availability of antenatal services and a very high rate of hospital deliveries (98 per cent).

5. Disparities exist within the country, for example, with respect to IMR. In 1986, the range among aimaks (administrative districts) was from 41.8 to 130 per 1,000 live births. Variations also exist in nutritional status.

Programme co-operation, 1986-1990

6. During the five-year period 1986-1990, UNICEF assistance totalled $250,000 and focused primarily on support for the national diarrhoea management programme. During this period, over 120,000 people received training in oral rehydration therapy (ORT), including 18,000 doctors and paramedical personnel. ORT units were established at every health institution in the country. Those efforts were supported by a mass communication programme using radio, television and printed materials. Video production facilities were also provided in order to improve the quality of training and public information programmes.

7. The above-mentioned efforts resulted in a 28 per cent reduction in the number of severely dehydrated children admitted to hospital and a significant reduction in the unit cost of treatment. A study carried out in 1989 found that 92.5 per cent of children with diarrhoea received oral rehydration salts (ORS) and other fluids at home. A significant reduction in mortality rates due to diarrhoea was also observed. While main emphasis was given to the local production of ORS, these supplies were supplemented with imported packets.

8. Assistance was also given to the expanded programme on immunization (EPI) in the form of supplies (vaccine carriers and disposable syringes) and to a national review carried out in 1990 by the World Health Organization (WHO). By the end of 1989, Mongolia had exceeded the target of 80 per cent coverage for each of the six antigens.

9. Mongolia has successfully implemented EPI and ORT for the management of diarrhoea at the national level. The success of those programmes has now paved the way for a more comprehensive nutrition programme, the control of ARI and the promotion of safe motherhood. In addition, the well-established health infrastructure that reaches almost all mothers and children, high levels of female literacy and the awareness of women provide an excellent opportunity for new health education efforts in the 1990s.

Recommended programme co-operation, 1991-1995

Estimated annual expenditure
(In thousands of United States dollars)

	1991	1992	1993	1994	1995	Total
Sustaining diarrhoea management	60	50	40	30	20	200
Sustaining EPI	30	30	30	30	30	150
Control of ARI	60	80	100	120	140	500
Improving the nutritional status of children and women	155	165	155	145	135	755
Safe motherhood	40	40	40	40	40	200
UNICEF sub-office	65	45	45	45	45	245
Project support	90	90	90	90	90	450
Total	500	500	500	500	500	2 500

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10. The 1991-1995 programme of co-operation seeks to achieve the following national objectives:

(a) Reducing child and maternal deaths through the reduction of IMR to 50 per 1,000 live births, U5MR to 70 per 1,000 live births and MMR to 100 per 100,000 live births by 1995;

(b) Reducing deaths caused by diarrhoeal dehydration by 50 per cent through the use of ORT and the promotion of continued feeding during and after each episode of diarrhoea;

(c) Sustaining immunization coverage levels against the six EPI diseases at a level in excess of 80 per cent for each antigen and eradicating polio by the year 1995;

(d) Reducing severe and moderate malnutrition among infants and pre-school children by 50 per cent, iron deficiency anaemia in women by 50 per cent of 1988 levels and the incidence of iodine deficiency disorders (IDD), blindness and other consequences of vitamin A deficiency;

(e) Increasing awareness and skills among Mongolian women in order to enhance their contributions to child survival, development and family welfare in general.

Sustaining the diarrhoea management programme

11. The objective of this programme is to sustain existing levels of practice of ORT and to extend the programme to include the promotion of improved nutrition for infants and young children. ORS will continue to be supplied (50,000 packets per year, with a review after three years). UNICEF will also support efforts to improve the quality and quantity of ORS produced within the country. Training in diarrhoea management will be continued for doctors and feldshers (middle-level medical practitioners who usually have extensive practical experience and whose technical training is below the level of medical doctors with a full professional degree). The emphasis in training will be shifted to include a stronger nutrition component, including appropriate feeding during and after each diarrhoea episode, and the promotion of exclusive breast-feeding for the first four to six months of life.

Sustaining the expanded programme on immunization

12. UNICEF will support selective training of front-line workers to ensure that existing high levels of coverage are sustained, strengthening of the cold chain and supply assistance. Particular attention will be paid to the need for improved sterilization of needles and syringes and the establishment of a proper sentinel system for monitoring morbidity and mortality. Requests for new/additional vaccines will be dealt with on an individual basis in accordance with current UNICEF policy and subject to the availability of funds. UNICEF may make available vaccines and other urgently needed supplies on a reimbursable procurement basis, subject to local currency requirements.

Control of acute respiratory infections

13. UNICEF, in consultation with WHO, will develop a community-based ARI control programme and train a cadre of master trainers. The control of ARI will be community based, with the training of front-line health workers such as feldshers in the identification of cases and the provision of standard treatment (home care for mild cases, antibiotics for moderate cases and immediate referral for severe cases, linking up with the extensive health facilities in the country). This programme will begin in two aimaks. There will then be a phased expansion of the programme based on the lessons learned from the first two aimaks, so that the whole country is covered by the end of 1995. UNICEF will support the training of mothers, feldshers and district paediatricians in identification and standard treatment procedures, the production of communication materials and essential drug supplies based on standard treatment procedures.

Improving the nutritional status of children and women

14. UNICEF will provide the services of a project staff member who will assist the Ministry of Health and Social Services in developing an effective national nutrition programme and in programme implementation. The staff member will also be expected to manage a UNICEF sub-office in Ulan Bator. Components of the nutrition programme will include anaemia control for pregnant mothers; control of IDD through the production, distribution and social marketing of iodated salt; and improved infant feeding, including the promotion of exclusive breast-feeding and the establishment of a nutrition surveillance system to promote better nutrition among children and to monitor change in the nutritional status at community, aimak and national levels.

15. For all of the above programmes, UNICEF will support training and information dissemination. Essential supplies, such as iron and folic acid tablets, potassium iodate and salt iodation equipment, and appropriate tools for growth monitoring will also be provided.

Promoting safe motherhood

16. UNICEF will support a number of activities to encourage safe motherhood, including the supply and distribution of iron and folic acid tablets for pregnant mothers, the promotion of child spacing, discouraging pregnancies before 18 years and after 35 years of age, communication efforts towards improved diets for pregnant and lactating women, identification of high-risk pregnancies and early referral.

17. UNICEF will support the training of front-line workers from the Ministry of Health and Social Services and the Central Council of Mongolian Women and information dissemination by person-to-person contact and through the use of mass media, together with selected supply assistance.